

Revision: HCFA-AT-81-34 (BPP)

STATE OF LOUISIANA

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<u>Citation</u>	4.21	<u>Prohibition Against Reassignment of Provider</u>
42 CFR 447.10(c)		<u>Claims</u>
AT-78-90		
46 FR 42699		Payment for Medicaid services furnished by any provider under this plan is made only in accordance with the requirements of 42 CFR 447.10.

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TN # <u>81-33</u>	Approval	Effective
	Date <u>JAN 3 1982</u>	Date <u>OCT 1 1981</u>